MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-032517
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4588

FILED SEP 11 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1
2 37982 DATE AMENDED
3
4 1
5 1
6
7 0
8 0
94201F
10
11
12 102-2
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of Stay in this City or Town: 2 months & 2 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4101 E. 59th
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Cora Middle Mae Last Wright

4. DATE OF DEATH: Month Aug Day 15 Year 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-1-83

9. AGE (last birthday): 80
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Carthage, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Goodrich

13b. MOTHER'S MAIDEN NAME: Mollie Mae Sutton

14. NAME OF HUSBAND OR WIFE: C.M.Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT Address: C.M.Wright 4101 E.59th K.C.Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 Week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial Anoxia-Pyocular Infarction — 2 Weeks
DUE TO (c): Coronary Artery Insufficiency — 6 Months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Left Intertrochanteric Fracture

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Tripped and fell

20c. TIME OF INJURY Hour a.m. (p.m.) Month, Day, Year: 7-30-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

20f. CITY, TOWN, OR LOCATION: Kansas City COUNTY: Jackson STATE: Missouri

21. I attended the deceased from 2-14-63 to 8-15-63 and last saw her/him alive on 8-15-63
Death occurred at 11:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Cecil G. Cunningham, D.O.

22b. ADDRESS: 4043 Paseo, K.C.Mo.

22c. DATE SIGNED: 8-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 8-16-63

23c. NAME OF CEMETERY OR CREMATORY: Park Cemetery

23d. LOCATION (City, town, or county) (State): Carthage, Missouri

24. FUNERAL DIRECTOR ADDRESS: Knell Mortuary, Carthage, Mo.
By Sterling E. Goddard.

25. DATE RECD. BY LOCAL REG.: 8-16-63

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Sterling E Goddard

Licensed Embalmer No. 4911

P. O. Address Grandview Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.